

The Transcript Reimbursement Fund
Application for Payment - Court or Deposition Transcript Costs
APPLICANT INFORMATION

I. Qualifying Non-Profit Entity

Name: _____

Address: _____

Telephone No: _____ FAX: _____

Direct Line: _____

2. Name and telephone number of the attorney handling the case:

Name: _____ FAX: _____

Direct Line: _____

Is this attorney _____ An employed staff attorney with the qualifying Non-Profit Entity?

_____ Referred by the qualifying Non-Profit Entity?

If neither of the above, what is the relationship of this attorney to the Qualifying Non-Profit Entity?

3. Under which of the following sections of the Business and Professions Code is the applicant claiming eligibility?

8030.4.(a) _____ 8030.4.(b) _____ 8030.4.(c) _____ 8030.4.(d) _____

CASE INFORMATION

4. Case Name:

5. County, Court, and/or Judicial District where filed:

6. Court File Number: _____

7. Name(s) and Address(es) of Indigent Person(s) represented:

Name: _____

Address: _____

8. Is the Indigent Person the: ____Plaintiff ____Defendant ____ Other

9. Under which subparagraph(s) of the Business and Professions Code 8030.4(g) are you claiming the case is not fee generating?

____8030.4.(g)(1)(A) ____8030.4.(g)(1)(B) ____8030.4.(g)(1)(C)

____8030.4.(g)(1)(D) ____8030.4.(g)(2) ____8030.4.(g)(3)

____8030.4.(g)(4).

10. Has the applicant entered into any contract that contains ANY type of contingency fee agreement/clause? ____ Yes ____ No.

CERTIFIED SHORTHAND REPORTER (CSR) INFORMATION

11. Name of the individual reporter(s) who provided transcript services.
(As that name appears on the CSR's certificate of licensure):

CSR Number: _____

CSR Number: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

EVIDENCE OF INVOICES & CERTIFICATION OF APPLICATION

Attached is/are the invoice(s) received from one of the CSR's named above for the transcript services in the case described in the application which _____ does _____ does not include per diem compensation, totaling \$_____ for the following:

_____ Original and one copy _____ copy only.

Have the attached invoices been paid by the Applicant? _____ Yes _____ No.

I/We certify under penalty of perjury under the laws of the State of California, that the foregoing statements and information are true and correct.

Signature of Project or Center Director: _____

Date: _____

OR

Signature of Pro Bono Attorney: _____

Date: _____

Signature of

CSR: _____ Date: _____ No. _____

Signature of CSR is necessary when attorney is to be reimbursed directly.